

**LOCAL ROTATIONAL TRAVEL WORKSHEET**  
(due at CFMTP Office no later than 30 days prior to travel date)

Date of Request: \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Series/Grade \_\_\_\_\_

Homeport (Acronym, Code, City, State) \_\_\_\_\_

Visit Request Required? ☐ Yes ☐ No

If yes, has memo been sent to CFMTP? ☐ Yes ☐ No

No. of Work Days Travel Anticipated: \_\_\_\_\_

Dates of Expected Assignment: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Local Activity (Acronym, City, state) \_\_\_\_\_

Local Activity Supervisor (Name, Code, Commercial/DSN) \_\_\_\_\_

Mode of Travel to Homeport: ☐ Walk ☐ Train ☐ Bus ☐ POV

Mode of Travel to Local Rotational Assignment: ☐ Walk ☐ Train ☐ Bus ☐ POV

Mileage Round-Trip from Residence to HOMEPORT \_\_\_\_\_

Mileage Round-Trip from RESIDENCE TO LOCAL ROTATIONAL ASSIGNMENT: \_\_\_\_\_

Cost other than mileage (parking, tolls, etc.): \_\_\_\_\_

PROJECTED COST \* \$ \_\_\_\_\_

ANNUAL LEAVE EXPECTED: ☐ Yes ☐ No (Attach OPM-71 to this Worksheet.)

Phone Number where the CFMTP office can reach you, if there are questions:

DSN \_\_\_\_\_ Commercial \_\_\_\_\_ Fax \_\_\_\_\_

Reviewed by: \_\_\_\_\_

\* The difference between the miles usually traveled and the miles traveled to the local rotational work assignment, if the latter is greater.

**NOTE:** Mail the original SF-1164 Claim for Reimbursement to the CFMTP as soon as the rotation is completed